

ACCORD CREMATION AND BURIAL FD1591/FD1685
 STATISTICAL INFORMATION REQUIRED TO COMPLETE NECESSARY DOCUMENTS
 (PLEASE PRINT CLEARLY)

NAME OF DECEDENT FIRST (GIVEN)		MIDDLE			LAST		
ALSO KNOW AS (FIRST,MIDDLE,LAST)		AGE Yrs.	DATE OF BIRTH		IF UNDER 24HOURS		SEX
			MONTHS	DAYS	HOURS	MINUTES	
BIRTH STATE/FOREIGN COUNTRY	SOCIAL SECURITY NUMBER	EVER IN US ARMED FORCES <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		MARITAL STATUS (AT TIME OF DEATH)		DATE OF DEATH	HOUR (24 HOURS)
EDUCATION (HIGHEST LEVEL/DEGREE)	WAS DECEDENT HISPANIC/LATINO/SPANISH <input type="checkbox"/> YES <input type="checkbox"/> NO			DECEDENT'S RACE (UP TO 3 RACES MAY BE LISTED)			
USUAL OCCUAPTION-TYPE OF WORK FOR MOST OF LIFE (DO NOT USED RETIRED)		KIND OF BUSINESS OR INDUSTRY				YEARS IN OCCUPATION	
DECEDENT'S RESIDENCE (STREET NUMBER OR LOCATION)							
CITY		COUNTY/PROVINCE		ZIP CODE		YEARS IN COUNTRY	STATE/FOREIGN COUNTRY
INFORMANT'S NAME,RELATIONSHIP				INFORMANT'S MAILING ADDRESS(STREET,NUMBER,CITY,STATE,AND ZIP)			
NAME OF SURVING SPOUSE (FIRST)		MIDDLE			LAST (MAIDEN NAME)		
NAME OF FATHER (FIRST)		MIDDLE		LAST		BIRTH STATE	
NAME OF MOTHER (FIRST)		MIDDLE		LAST (MAIDEN)		BIRTH STATE	

I VERIFY THE ABOVE INFORMATION IS SPELLED CORRECTLY.

SIGNATURE

As your funeral director, we initiate the certificate based on the information you have provided. We deliver the certificate to the attending physician, who by law, must certify the cause of death. We then file the certificate with the local Health Department Office. THE AVAILABILITY OF CERTIFIED COPIES WILL DEPEND UPON THE SCHEDULE OF THE HEALTH DEPARTMENT. Normally, allow about ten county working days to receive the certified copies you request after the certificate is filed.

Certified copies of the death certificate are a service provided by the Health Department at (presently) \$_____ per copy. We will order the number of copies you request when we file the original document. You can always obtain additional certified copies if you need them.

Examples of items that may require a "Certified Copy" are:

- ** Social Security ** Life Insurance Policies ** Pension Funds
- ** Bank Accounts ** Saving Accounts ** Certificates of Deposit
- ** County Recorders Office (Property) ** Department of Motor Vehicles (Automobile) ** Securities (Stocks & Bonds)

Number of certified copies you would like us to order? _____ Mail Certified Copies to Next Kin Above
 Mail Certified Copies to _____

Release Authorization

TO: Hospital, Nursing Home, Coroner _____

I here authorize and request the release of the remains of: _____

to ACCORD CREMATION AND BURIAL SERVICES including its agents.

Signature

Relationship

Address

Phone